

AMENDED  
**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT**

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

AMENDED

1. File Number U - <u>11448</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>RITCHIE</u> <u>E</u> <u>REARDON</u> P.O. Box, Bldg., Room No., if any _____ Street <u>544 MAIN STREET</u> City <u>CHARLESTOWN</u> State <u>Massachusetts</u> ZIP Code + 4 <u>02129</u>	4. Name, file number, and address of labor organization. Name <u>TEAMSTERS LOCAL 25</u> Labor Organization File Number <u>033-335</u> P.O. Box, Building and Room Number, if any _____ Street <u>544 MAIN STREET</u> City <u>CHARLESTOWN</u> State <u>Massachusetts</u> ZIP Code + 4 <u>02129</u>
5. Position in labor organization. <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7. a. Nature of Interest, Transaction, or Income. _____ 7. b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Ritchie E. Reardon*

AMENDED

On

09/29/2005

Date

(617) 241-8825

Telephone Number

# AMENDED

Name of Person Filing <b>RITCHIE REARDON</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **LAW OFFICES OF REGAN ASSOCIATES, CHARTERED**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **45 SCHOOL STREET 3RD FLOOR**

City **BOSTON**

State **Massachusetts** ZIP Code + 4 **02108**

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **N. E. TEAMSTERS AND SUBSCRIBING EMPLOYERS**

Trade Name, if any: **GROUP LEGAL SERVICES FUND**

P.O. Box, Bldg., Room No., if any

Street **16 SEVER STREET**

City **CHARLESTOWN**

State **Massachusetts** ZIP Code + 4 **02129**

11.a. Nature of such dealing.

**THE LAW OFFICES OF REGAN ASSOCIATES, CHARTERED IS THE SERVICE PROVIDER FOR THE FUND.**

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

02/03/2004 - DINNER - \$78  
09/15/2004 - DINNER - \$27  
10/20/2004 - DINNER - \$28

12.b. Amount.

**\$133**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

# AMENDED

Name of Person Filing RITCHIE REARDON	File Number U-
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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>DOUBLE TREE</u></p> <p>Trade Name, if any: <u>LA POSADA RESORT</u></p> <p>P.O. Box, Bldg., Room No., if any <u>                    </u></p> <p>Street <u>4949 EAST LINCOLN DRIVE</u></p> <p>City <u>SCOTTSDALE</u></p> <p>State <u>Arizona</u> ZIP Code + 4 <u>85253</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>TEAMSTERS UNION 25 HEALTH SERV. &amp; INS. PLAN</u></p> <p>Trade Name, if any: <u>                    </u></p> <p>P.O. Box, Bldg., Room No., if any <u>                    </u></p> <p>Street <u>16 SEVER STREET</u></p> <p>City <u>CHARLESTOWN</u></p> <p>State <u>Massachusetts</u> ZIP Code + 4 <u>02129</u></p>	<p>11.a. Nature of such dealing.</p> <p>RITCHIE REARDON IS A UNION TRUSTEE OF THE PLAN. THIS IS THE HOTEL AT WHICH THE PLAN'S ANNUAL TRUSTEES' MEETING WAS HELD IN MARCH 2004.</p> <p>11.b. Approximate dollar value of such dealing. <u>\$12,181</u></p> <p>12.a. Nature of interest held or income received.</p> <p>HIS HOTEL ROOM CHARGES FOR ATTENDANCE AT THE MEETINGS WERE \$977 AND HIS HOTEL MEAL CHARGES WERE \$57.</p> <p>12.b. Amount. <u>\$1,034</u></p>

AMENDED

# AMENDED

Name of Person Filing RITCHIE REARDON

File Number U-

## Part B Continuation Page

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### 8. Name and address of Business (including trade name, if any).

Name PRUDENTIAL INVESTMENT MANAGEMENT, INC.

Trade Name, if any: PRUDENTIAL FINANCIAL

P.O. Box, Bldg., Room No., if any

Street 8 CAMPUS DRIVE

City PARSIPPANY

State New Jersey ZIP Code + 4 07054

### 9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

### 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

### 11.a. Nature of such dealing.

REAL ESTATE INVESTMENT SEMINAR HELD AT THE PINEHURST RESORT, PINEHURST, NC MAY 11 - 13, 2004.

### 11.b. Approximate dollar value of such dealing.

### 12.a. Nature of interest held or income received.

VALUE OF LODGINGS, MEALS AND ENTERTAINMENT \$2,375.

### 12.b. Amount.

\$2,375

AMENDED

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Name of Person Filing RITCHIE REARDON

File Number U-

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### 8. Name and address of Business (including trade name, if any).

Name TEAMSTERS UNION 25 HEALTH SERV. & INS. PLAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 16 SEVER STREET

City CHARLESTOWN

State Massachusetts ZIP Code + 4 02129

### 9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

### 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

### 11.a. Nature of such dealing.

RITCHIE REARDON IS A UNION TRUSTEE OF THE PLAN. IN CONNECTION WITH HIS DUTIES AS A TRUSTEE HE INCURRED EXPENSES FOR WHICH HE WAS REIMBURSED.

### 11.b. Approximate dollar value of such dealing.

### 12.a. Nature of interest held or income received.

#### REIMBURSED EXPENSES:

03/06/04 TO 03/10/04:  
MEALS, AUTO RENTAL AND INCIDENTALS - \$468.

07/19/04 - HOTEL ROOM CHARGE - \$282.

11/22/04:  
HOTEL ROOM CHARGE, MEALS AND INCIDENTALS - \$217.

### 12.b. Amount.

\$967

AMENDED

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Name of Person Filing RITCHIE REARDON

File Number U-

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### 8. Name and address of Business (including trade name, if any).

Name MEKETA INVESTMENT GROUP  
 Trade Name, if any:  
 P.O. Box, Bldg., Room No., if any  
 Street 35 BRIANTREE HILL PARK 2ND FLOOR  
 City BRAINTREE  
 State Massachusetts ZIP Code + 4 02184

### 9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

### 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name TEAMSTERS UNION 25 HEALTH SERV. & INS. PLAN  
 Trade Name, if any:  
 P.O. Box, Bldg., Room No., if any  
 Street 16 SEVER STREET  
 City CHARLESTOWN  
 State Massachusetts ZIP Code + 4 02129

### 11.a. Nature of such dealing.

MEKETA INVESTMENT GROUP IS THE PLAN'S INVESTMENT ADVISOR.

### 11.b. Approximate dollar value of such dealing.

### 12.a. Nature of interest held or income received.

10/08/04 - GOLF AND LUNCH - \$102.  
 10/22/04 - GOLF - \$120.

### 12.b. Amount.

\$222

AMENDED

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Name of Person Filing RITCHIE REARDON

File Number U-

## Part B Continuation Page

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### 8. Name and address of Business (including trade name, if any).

Name BARRETT & SULLIVAN - ATTORNEYS AT LAW

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1012 MASSACHUSETTS AVE.

City ARLINGTON

State Massachusetts ZIP Code + 4 02476

### 9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

### 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

### 11.a. Nature of such dealing.

BARRETT & SULLIVAN PERFORMED LEGAL SERVICES FOR THE LOCAL.

### 11.b. Approximate dollar value of such dealing.

\$1,940

### 12.a. Nature of interest held or income received.

THE WIFE OF RITCHIE REARDON IS EMPLOYED BY BARRETT & SULLIVAN. HER WAGES FOR 2004 WERE \$35,462.

### 12.b. Amount.

\$35,462

AMENDED

# AMENDED

Name of Person Filing RITCHIE REARDON

File Number U-

## Part B Continuation Page

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### 8. Name and address of Business (including trade name, if any).

Name STATE STREET GLOBAL ADVISORS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street ONE LINCOLN STREET 33RD FLOOR

City BOSTON

State Massachusetts ZIP Code + 4 02111-2900

### 9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

### 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name N. E. TEAMSTERS & TRUCKING IND. PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street ONE WALL STREET

City BURLINGTON

State Massachusetts ZIP Code + 4

### 11.a. Nature of such dealing.

STATE STREET GLOBAL ADVISORS ARE INVESTMENT MANAGERS FOR THE FUND.

### 11.b. Approximate dollar value of such dealing.

### 12.a. Nature of interest held or income received.

08/04/04 - GOLF - \$376.  
08/13/04 - BASEBALL TICKETS - \$320

### 12.b. Amount.

\$696

AMENDED



# AMENDED

Name of Person Filing RITCHIE REARDON

File Number U-

## Part B Continuation Page

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### 8. Name and address of Business (including trade name, if any).

Name HYATT REGENCY NEWPORT

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street ONE GOAT ISLAND

City NEWPORT

State Rhode Island ZIP Code + 4 02840

### 9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

### 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name N. E. TEAMSTERS & TRUCKING IND. PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street ONE WALL STREET

City BURLINGTON

State Massachusetts ZIP Code + 4 01803

### 11.a. Nature of such dealing.

RITCHIE REARDON IS A UNION TRUSTEE OF THE FUND. HOTEL EXPENSES WERE INCURRED IN CONNECTION WITH THE TRUSTEES' SEMI-ANNUAL MEETING IN AUGUST 2004.

### 11.b. Approximate dollar value of such dealing.

### 12.a. Nature of interest held or income received.

EXPENSES FOR HOTEL ROOM, TAX AND INCIDENTALS - \$1276.

### 12.b. Amount.

\$1,276

AMENDED

# AMENDED

Name of Person Filing RITCHIE REARDON

File Number U-

## Part B Continuation Page

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### 8. Name and address of Business (Including trade name, if any).

Name N. E. TEAMSTERS & TRUCKING IND. PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street ONE WALL STREET

City BURLINGTON

State Massachusetts ZIP Code + 4 01803

### 9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

### 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

### 11.a. Nature of such dealing.

RITCHIE REARDON IS A UNION TRUSTEE OF THE FUND. IN CONNECTION WITH HIS DUTIES AS A TRUSTEE HE INCURRED EXPENSES FOR WHICH HE WAS REIMBURSED.

### 11.b. Approximate dollar value of such dealing.

### 12.a. Nature of interest held or income received.

REIMBURSED EXPENSES:

08/01/04 TO 08/04/04  
MEALS - \$421

### 12.b. Amount.

\$421

AMENDED

# AMENDED

Name of Person Filing RITCHIE REARDON	File Number U-
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## Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>NEW ENGLAND TEAMSTERS FEDERAL CREDIT UNION</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>P. O. BOX 1498</u></p> <p>Street <u>23 BROADWAY</u></p> <p>City <u>ARLINGTON</u></p> <p>State <u>Massachusetts</u> ZIP Code + 4 <u>02474-0072</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p>RITCHIE E. REARDON IS THE VICE-CHAIRMAN OF THE BOARD OF DIRECTORS OF THE CREDIT UNION. AS SUCH, HE IS REQUIRED TO ATTEND BOARD AND STAFF FUNCTIONS.</p> <p>11.b. Approximate dollar value of such dealing. <u></u></p> <p>12.a. Nature of interest held or income received.</p> <p>MEALS CONNECTED WITH THE ATTENDANCE AT BOARD OF DIRECTORS MEETINGS ON:</p> <p>01/14/04 - \$89</p> <p>11/08/04 - \$35</p> <p>MEAL CONNECTED WITH THE ATTENDANCE AT THE SUMMER STAFF OUTING ON 07/12/04 - \$128</p> <p>12.b. Amount. <u>\$252</u></p>

AMENDED